



State of New Jersey

Department of Environmental Protection
Water Supply Operations – Bureau of Safe Drinking Water
PO Box 426 • Trenton, New Jersey 08625-0426
Tel # (609) 292-5550 – Fax # (609) 292-1654
www.nj.gov/dep/watersupply

**INSTRUCTIONS/EXAMPLES
FOR THE
COLIFORM SAMPLES REPORT FORM
(BSDW-51)**

IF YOU ARE REPORTING:

**QUARTERLY COLIFORM SAMPLES
OR
5 OR FEWER MONTHLY ROUTINE COLIFORM SAMPLES
OR
ANY POSITIVE ROUTINE COLIFORM SAMPLES
OR
ANY REPEAT COLIFORM SAMPLES
YOU MUST USE THIS FORM (BSDW-51)**

**6 OR MORE MONTHLY ROUTINE COLIFORM SAMPLES
YOU MAY USE FORM BSDW-50**

Instructions for completing coliform samples report form (BSDW-51):

THIS FORM MUST BE USED BY SYSTEMS REPORTING EITHER:

- QUARTERLY SAMPLES OR
- 5 OR FEWER ROUTINE COLIFORM SAMPLES PER MONTH OR
- ANY POSITIVE COLIFORM SAMPLES AND/OR ALL REPEAT SAMPLES.

THIS FORM SHOULD ONLY BE USED TO SUBMIT COMPLIANCE SAMPLES. ANY SPECIAL SAMPLES, E.G., SAMPLES TAKEN AFTER CHLORINATION, SAMPLES TAKEN AFTER A BOIL WATER ADVISORY, ETC., SHOULD NOT BE REPORTED ON THIS FORM, BUT SUBMITTED SEPARATELY ON LABORATORY ANALYTICAL REPORT FORMS TO THE BUREAU OF SAFE DRINKING WATER.

Please use one column per sample. You must report all samples. If you are reporting a positive total coliform result, you must circle the appropriate speciation, e.g. fecal coliform OR *E. coli* (not both).

PWSID number

(required):

Provide the correct Public Water System ID, e.g. NJ0714001. Do not put any additional information in this field. A form submitted without a PWSID will be returned.

Water system name

(required):

Provide the actual name of water system. Do not enter a consultant or client name in this field.

Lab ID

(required):

Provide the laboratory certification number for the lab performing the analysis. Do not report the ID number for the lab collecting the sample. If the lab is not in New Jersey, the first two characters of the ID are the abbreviation of the state, e.g. PA999, not 77999.

Lab name

(required):

Provide the name of the laboratory performing the analysis. Do not report the name of the lab collecting the sample.

Lab sample number

(required):

This must be a unique alphanumeric number the laboratory uses to track a sample. If the sample is sent to a subcontracting lab, this number must be the number associated with the lab conducting the analysis and not the lab collecting the sample. Maximum number of characters: 20

Water state facility code/

sample point (required): Prepopulated with distribution system (DS).

Compliance (required): This field specifies whether the sample reported is for compliance purposes. Any total coliform samples collected after chlorination or after a boil water advisory or for other reasons should be reported as “N”.

Possible choices:

Y: yes; this sample is for compliance purposes

N: no; this sample is not for compliance purposes

Sample collection date (required): Enter sample collection date; format: MM/DD/YYYY

Sample collection time (optional): Enter sample collection time; format: HH:MM (24 hour clock)

Sample type (required): This field specifies the type of sample being submitted. NOTE: 5 samples taken in the month following a month in which a positive total coliform sample was collected are considered routine samples.

Possible choices:

RT: routine

RP: repeat

Repeat location code (conditionally required): This field is required if the sample type is RP (repeat). This field specifies the location from where repeat samples were taken.

Possible choices:

OR: original site

UP: within 5 service connections upstream

DN: within 5 service connections downstream

OT: other

Original lab sample number (conditionally required): This field is required if the sample type is RP (repeat). Report the sample number of the original positive sample to which you are linking this repeat sample. Maximum number of characters: 20

Sample location (required): Location of collection site, e.g., 274 Main St., kitchen sink, etc. Maximum number of characters: 20

Analyte (required): This field is required if a positive coliform is reported; the user must then circle either *E. coli* OR fecal coliform (but not both) in the second sub-column for each sample.

Analysis method

(required):

Report the analytical method, e.g. 9223B

Microbe presence

indicator (required):

You must specify absence or presence of total coliform and, if applicable, fecal coliform OR *E. Coli*.

Possible choices:

A: absence

P: presence

Analysis start date

(required):

Enter analysis start date for the total coliform analysis and the fecal or *E. Coli* analysis (if applicable); format: MM/DD/YYYY

Analysis start time

(optional):

Enter analysis start time; format: HH:MM (24 hour clock)

Certification:

Whoever completes the form must sign and print their name, affiliation, phone number and e-mail. This information is critical so that the Bureau can contact that person should there be a problem. The lab conducting the analysis is not required to certify the form; the person preparing the form may be the certifier. All pages must be signed.

NOTES

Conditionally required means the field's required status is based on the contents of another field.

The order of samples on a form is unimportant.

Be sure all required fields are filled out correctly as incomplete forms will be returned. Forms should be mailed to the address at the top of the form.

If you have any questions or need assistance filling out the forms, please contact Jonathan Meyers at the Bureau of Safe Drinking water at (609) 292-5550 or jonathan.meyers@dep.state.nj.gov

Example 1: System collects one quarterly (or monthly) sample; it is negative for coliform.

BSDW-51(3/06)

Department of Environmental Protection
Water Supply Operations – Bureau of Safe Drinking Water
PO Box 426•Trenton, New Jersey 08625-0426
Tel # (609) 292-5550 – Fax # (609) 292-1654

**DRINKING WATER ANALYSIS-
COLIFORM REPORT FORM**

THIS FORM MUST BE USED BY SYSTEM REPORTING:

- 1) QUARTERLY SAMPLES
- 2) 5 OR LESS ROUTINE SAMPLES IN A MONTH
- 3) POSITIVE RESULTS AND/OR ALL REPEAT SAMPLES

FOR OFFICE USE ONLY

PWSID [^] : NJ2199999	System Name: ABC Water	Lab ID [^] : 99899	Lab Name: ABC Lab
--------------------------------	------------------------	-----------------------------	-------------------


Fill out one column per sample taken. **YOU MUST REPORT ALL SAMPLES.** Select *E. coli* OR fecal coliform if original sample was positive for total coliform.

[^]Required field. ^{^^}Conditionally required field. (see instructions for further information)

Sample information	Lab sample number [^]	7589837473									
	Water state facility code	DS		DS	DS	DS	DS	DS	DS	DS	
	Sampling point	DS		DS	DS	DS	DS	DS	DS	DS	
	Compliance (Y/N)	Y									
	Sample collection date [^]	10/21/2005									
	Sample collection time										
	Sample type (RT/RP) [^]	RT									
	Repeat location code ^{^^}										
	Original lab sample number ^{^^}										
Sample location [^]	bar sink										
Sample Results	Analyte	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform
	Analysis method [^]	9223B									
	Microbe presence (P/A) [^]	A									
	Analysis start date [^]	10/21/2005									
	Analysis start time										

Prepared by: ___Owner/Operator ___X___Analytical Lab ___Consultant/Reporting Lab/Other (show affiliation below) E-mail: jmiller@ABCclab.com

I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

John Miller ABC Lab  10/25/2005 Phone No. (609) 555-6789 x100
Name of preparer/certifier Affiliation Signature Date

Example 2: System collects one quarterly (or monthly) sample; it is positive for total coliform. System collects 4 repeat samples; all are negative.

BSDW-51(3/06)

Department of Environmental Protection
Water Supply Operations – Bureau of Safe Drinking Water
PO Box 426•Trenton, New Jersey 08625-0426
Tel # (609) 292-5550 – Fax # (609) 292-1654

DRINKING WATER ANALYSIS-
COLIFORM REPORT FORM

THIS FORM MUST BE USED BY SYSTEM REPORTING:

1) QUARTERLY SAMPLES 2) 5 OR LESS ROUTINE SAMPLES IN A MONTH OR 3) POSITIVE RESULTS AND/OR ALL REPEAT SAMPLES

PWSID [^] : NJ2199999	System Name: ABC Water	Lab ID [^] : 99899	Lab Name: ABC Lab	FOR OFFICE USE ONLY
--------------------------------	------------------------	-----------------------------	-------------------	---------------------

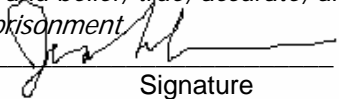
Fill out one column per sample taken. **YOU MUST REPORT ALL SAMPLES.** Select *E. coli* OR fecal coliform if original sample was positive for total coliform.

[^]Required field. ^{^^}Conditionally required field. (see instructions for further information)

Sample information	Lab sample number [^]	7589835855	656758858-001	656758858-002	656758858-003	656758858-004					
	Water state facility code	DS	DS	DS	DS	DS					
	Sampling point	DS	DS	DS	DS	DS					
	Compliance (Y/N)	Y	Y	Y	Y	Y					
	Sample collection date [^]	10/21/2005	10/22/2005	10/22/2005	10/22/2005	10/22/2005					
	Sample collection time										
	Sample type (RT/RT) [^]	RT	RP	RP	RP	RP					
	Repeat location code ^{^^}		OR	DN	OT	UP					
	Original lab sample number ^{^^}		7589835855	7589835855	7589835855	7589835855					
Sample location [^]	bar sink	bar sink	men's room	slop sink	ladies' room						
Sample Results	Analyte	total coliform	Circle one <u>E. coli</u> Fecal coliform	total coliform	Circle one <u>E. coli</u> Fecal coliform	total coliform	Circle one <u>E. coli</u> Fecal coliform	total coliform	Circle one <u>E. coli</u> Fecal coliform	total coliform	Circle one <u>E. coli</u> Fecal coliform
	Analysis method [^]	9223B	9223B	9223B		9223B		9223B		9223B	
	Microbe presence (P/A) [^]	P	A	A		A		A		A	
	Analysis start date [^]	10/21/2005	10/21/2005	10/22/2005		10/22/2005		10/22/2005		10/22/2005	
	Analysis start time										

Prepared by: ___ Owner/Operator ___X___ Analytical Lab ___ Consultant/Reporting Lab/Other (show affiliation below) E-mail: jmiller@ABCclab.com

I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

John Miller ABC Lab  10/25/2005 Phone No. (609) 555-6789 x100
Name of preparer/certifier Affiliation Signature Date

Example 3: System collects 5 samples in the month following a positive total coliform sample; all are negative.

BSDW-51(3/06)

Department of Environmental Protection
Water Supply Operations – Bureau of Safe Drinking Water
PO Box 426•Trenton, New Jersey 08625-0426
Tel # (609) 292-5550 – Fax # (609) 292-1654

**DRINKING WATER ANALYSIS-
COLIFORM REPORT FORM**

THIS FORM MUST BE USED BY SYSTEM REPORTING:

- 1) QUARTERLY SAMPLES or 2) 5 OR LESS ROUTINE SAMPLES IN A MONTH or
3) POSITIVE RESULTS AND/OR ALL REPEAT SAMPLES**

PWSID [^] : NJ2199999	System Name: ABC Water	Lab ID [^] : 99899	Lab Name: ABC Lab
--------------------------------	------------------------	-----------------------------	-------------------

Fill out one column per sample taken. **YOU MUST REPORT ALL SAMPLES.** Select *E. coli* OR fecal coliform if original sample was positive for total coliform.

[^]Required field. ^{^^}Conditionally required field. (see instructions for further information)

Sample information	Lab sample number [^]	8589835860	8589835855	8589835856	8589835857	8589835858			
	Water state facility code	DS	DS	DS	DS	DS			
	Sampling point	DS	DS	DS	DS	DS			
	Compliance (Y/N)	Y	Y	Y	Y	Y			
	Sample collection date [^]	11/21/2005	11/21/2005	11/21/2005	11/21/2005	11/21/2005			
	Sample collection time								
	Sample type (RT/RP) [^]	RT	RT	RT	RT	RT			
	Repeat location code ^{^^}								
	Original lab sample number ^{^^}								
	Sample location [^]	RM 103 sink	RM 207 sink	RM 303 sink	RM306 sink	RM 410 sink			
Sample Results	Analyte	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform
	Analysis method [^]	9223B		9223B		9223B		9223B	
	Microbe presence (P/A) [^]	A		A		A		A	
	Analysis start date [^]	11/21/2005		11/21/2005		11/21/2005		11/21/2005	
	Analysis start time								

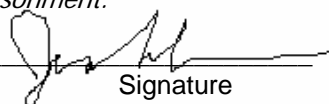
Prepared by: ___Owner/Operator ___X_ Analytical Lab ___Consultant/Reporting Lab/Other (show affiliation below)

E-mail: jmiller@ABCclab.com

I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

John Miller
Name of preparer/certifier

ABC Lab
Affiliation


Signature

10/25/2005
Date

Phone No. (609) 555-6789

Example 4: System collects 5 samples in the month following a positive total coliform sample; one sample is positive. System collects 3 repeat samples; all are negative.

BSDW-51(3/06)

Department of Environmental Protection
Water Supply Operations – Bureau of Safe Drinking Water
PO Box 426•Trenton, New Jersey 08625-0426
Tel # (609) 292-5550 – Fax # (609) 292-1654

**DRINKING WATER ANALYSIS-
COLIFORM REPORT FORM**

THIS FORM MUST BE USED BY SYSTEM REPORTING:

1) QUARTERLY SAMPLES or 2) 5 OR LESS ROUTINE SAMPLES IN A MONTH or 3) POSITIVE RESULTS AND/OR ALL REPEAT SAMPLES

PWSID [^] : NJ2199999	System Name: ABC Water	Lab ID [^] : 99899	Lab Name: ABC Lab	FOR OFFICE USE ONLY
--------------------------------	------------------------	-----------------------------	-------------------	---------------------

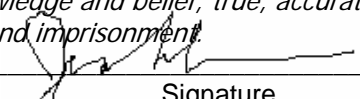
Fill out one column per sample taken. **YOU MUST REPORT ALL SAMPLES.** Select *E. coli* OR fecal coliform if original sample was positive for total coliform.

[^]Required field. ^{^^}Conditionally required field. (see instructions for further information)

Sample information	Lab sample number [^]	9189835855	9189835856	9189835857	9189835858	9189835859					
	Water state facility code	DS	DS	DS	DS	DS					
	Sampling point	DS	DS	DS	DS	DS					
	Compliance (Y/N)	Y	Y	Y	Y	Y					
	Sample collection date [^]	10/21/2005	10/12/2005	10/02/2005	10/03/2005	10/07/2005					
	Sample collection time										
	Sample type (RT/RP) [^]	RT	RT	RT	RT	RT					
	Repeat location code ^{^^}										
	Original lab sample number ^{^^}										
	Sample location [^]	425 Main Street	123 Roxboro Dr	400 Broad Street	500 Maple Street	1000 Broadway					
Sample Results	Analyte	total coliform	Circle one <u>E. coli</u> Fecal coliform	total coliform	Circle one <u>E. coli</u> Fecal coliform	total coliform	Circle one <u>E. coli</u> Fecal coliform	total coliform	Circle one <u>E. coli</u> Fecal coliform	total coliform	Circle one <u>E. coli</u> Fecal coliform
	Analysis method [^]	9223B	9223B	9223B	9223B	9223B	9223B	9223B	9223B	9223B	9223B
	Microbe presence (P/A) [^]	P	A	A	A	A	A	A	A	A	A
	Analysis start date [^]	10/21/2005	10/21/2005	10/12/2005	10/02/2005	10/03/2005	10/07/2005				
	Analysis start time										

Prepared by: ___ Owner/Operator ___X_ Analytical Lab ___ Consultant/Other (show affiliation below) E-mail: jmiller@ABCclab.com

I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

John Miller ABC Lab  10/25/2005 Phone No. (609) 555-6789 x100
Name of preparer/certifier Affiliation Signature Date

Example 4 continued.

BSDW-51(3/06)

Department of Environmental Protection
Water Supply Operations – Bureau of Safe Drinking Water
PO Box 426•Trenton, New Jersey 08625-0426
Tel # (609) 292-5550 – Fax # (609) 292-1654

**DRINKING WATER ANALYSIS-
COLIFORM REPORT FORM**

THIS FORM MUST BE USED BY SYSTEM REPORTING:

1) QUARTERLY SAMPLES or 2) 5 OR LESS ROUTINE SAMPLES IN A MONTH or 3) POSITIVE RESULTS AND/OR ALL REPEAT SAMPLES

PWSID [^] : NJ2199999	System Name: ABC Water	Lab ID [^] : 99899	Lab Name: ABC Lab	FOR OFFICE USE ONLY
--------------------------------	------------------------	-----------------------------	-------------------	---------------------

Fill out one column per sample taken. **YOU MUST REPORT ALL SAMPLES.** Select *E. coli* OR fecal coliform if original sample was positive for total coliform.

[^]Required field. ^{^^}Conditionally required field. (see instructions for further information)

Sample information	Lab sample number [^]	656758858-001	656758858-002	656758858-003							
	Water state facility code	DS	DS	DS	DS	DS					
	Sampling point	DS	DS	DS	DS	DS					
	Compliance (Y/N)	Y	Y	Y							
	Sample collection date [^]	10/22/2005	10/22/2005	10/22/2005							
	Sample collection time										
	Sample type (RT/RP) [^]	RP	RP	RP							
	Repeat location code ^{^^}	OR	UP	DN							
	Original lab sample number ^{^^}	9189835855	9189835855	9189835855							
	Sample location [^]	425 Main St	400 Main St.	500 Main St.							
Sample Results	Analyte	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform
	Analysis method [^]	9223B		9223B		9223B					
	Microbe presence (P/A) [^]	A		A		A					
	Analysis start date [^]	10/22/2005		10/22/2005		10/22/2005					
	Analysis start time										

Prepared by: ___ Owner/Operator _X_ Analytical Lab ___ Consultant/Other (show affiliation below) E-mail: jmiller@ABClab.com

I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

____ John Miller _____ ABC Lab _____ 10/25/2005 Phone No. (609) 555-6789 x100
Name of preparer/certifier Affiliation Signature Date

Example 5: System collects 2 coliform samples in a particular month; one sample is positive. System collects 3 repeat samples; all are negative.

BSDW-51(3/06)

Department of Environmental Protection
Water Supply Operations – Bureau of Safe Drinking Water
PO Box 426•Trenton, New Jersey 08625-0426
Tel # (609) 292-5550 – Fax # (609) 292-1654

**DRINKING WATER ANALYSIS-
COLIFORM REPORT FORM**

THIS FORM MUST BE USED BY SYSTEM REPORTING:

1) QUARTERLY SAMPLES or 2) 5 OR LESS ROUTINE SAMPLES IN A MONTH or 3) POSITIVE RESULTS AND/OR ALL REPEAT SAMPLES

PWSID [^] : NJ2199999	System Name: ABC Water	Lab ID [^] : 99899	Lab Name: ABC Lab	FOR OFFICE USE ONLY
--------------------------------	------------------------	-----------------------------	-------------------	---------------------

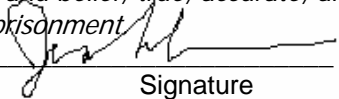
Fill out one column per sample taken. **YOU MUST REPORT ALL SAMPLES.** Select *E. coli* OR fecal coliform if original sample was positive for total coliform.

[^]Required field. ^{^^}Conditionally required field. (see instructions for further information)

Sample information	Lab sample number [^]	3389835855	656758858-001	656758858-002	656758858-003	656758111					
	Water state facility code	DS	DS	DS	DS	DS					
	Sampling point	DS	DS	DS	DS	DS					
	Compliance (Y/N)	Y	Y	Y	Y	Y					
	Sample collection date [^]	10/21/2005	10/22/2005	10/22/2005	10/22/2005	10/12/2005					
	Sample collection time										
	Sample type (RT/RT) [^]	RT	RP	RP	RP	RT					
	Repeat location code ^{^^}		OR	DN	UP						
	Original lab sample number ^{^^}		3389835855	3389835855	3389835855						
Sample location [^]	425 Main Street	425 Main Street	400 Main Street	500 Main Street	1000 Broadway						
Sample Results	Analyte	total coliform	Circle one <u>E. coli</u> Fecal coliform	total coliform	Circle one <u>E. coli</u> Fecal coliform	total coliform	Circle one <u>E. coli</u> Fecal coliform	total coliform	Circle one <u>E. coli</u> Fecal coliform	total coliform	Circle one <u>E. coli</u> Fecal coliform
	Analysis method [^]	9223B	9223B	9223B		9223B		9223B		9223B	
	Microbe presence (P/A) [^]	P	A	A		A		A		A	
	Analysis start date [^]	10/21/2005	10/21/2005	10/22/2005		10/22/2005		10/22/2005		10/12/2005	
	Analysis start time										

Prepared by: ___ Owner/Operator ___X_ Analytical Lab ___ Consultant/Other (show affiliation below) E-mail: jmiller@ABCclab.com

I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

John Miller ABC Lab  10/25/2005 Phone No. (609) 555-6789 x100
Name of preparer/certifier Affiliation Signature Date